

08-30-01

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JC971 U.S. PTO  
08/29/01

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	8016-548
First Inventor	Thuan Pham
Title	APPARATUS AND METHOD FOR CLEANING A PROBE TIP
Express Mail Label No.	EM485917370US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  \*Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.
3.  Specification [Total Pages 30]
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 3]  
 Informal  Formal

5.  Oath or Declaration [Total Pages 3]

- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 C.F.R. §§  
1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8.  Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b.  Specification Sequence Listing on.
    - CD-ROM or CD-R (2 copies), or
    - paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s) from prior provisional application)
10.  37 C.F.R. § 3.73(b) Statement  Power of Attorney  
(when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations (10)
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	<input checked="" type="checkbox"/> Correspondence address below				
Name	Brad A. Schepers, Esq. Woodard, Emhardt, Naughton, Moriarty and McNett				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Brad A. Schepers		Registration No. (Attorney/Agent)		45,431
Signature			Date		August 29, 2001

**Express Mail Label Number** EM485917370US**Date of Deposit** August 29, 2001

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231

Signature of person mailing paper or fee (Kim Richardson)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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# FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

Total Amount of Payment (\$ 1,230.00)

Complete if Known	
Application Number	Unknown; application filed herewith
Filing Date	August 29, 2001
First Named Inventor	Thuan Pham
Group Art Unit	
Examiner Name	Unassigned

Attorney Docket Number 8016-548

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

**23-3030**

Deposit Account Number

Deposit Account Name **Woodard, Emhardt, Naughton, Moriarty & McNett**

Charge any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27.

2.  Payment Enclosed: Check     Credit Card     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility Filing Fee	<b>710.00</b>
106	320	206	160	Design Filing Fee	
107	490	207	245	Plant Filing Fee	
108	710	208	355	Reissue Filing Fee	
114	150	214	75	Provisional Filing Fee	
				SUBTOTAL (1) (\$)	<b>710.00</b>

## 2. EXTRA CLAIM FEES

Total Claims	40	-20** =	20	X	18	=	360.00
Independent Claims	5	-3** =	2	X	80	=	160.00
Multiple Dependent						=	----

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
				SUBTOTAL (2) (\$)
				<b>520.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Signature	Registration No (Attorney/Agent)	45,431	Telephone	(317) 634-3456
				Date	August 29, 2001

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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